



February 23, 2022

Senator Cathy Osten
Legislative Office Building, Room 2700
Hartford, CT 06106-1591

Representative Toni E. Walker
Legislative Office Building, Room 2702
Hartford, CT 06106-1591

RE: Connecticut Appropriations Committee Public Hearing on Department of Social Services Budget

Dear Chair Osten and Chair Walker,

Shatterproof, a national non-profit working to end the addiction crisis, appreciates the opportunity to provide public comment on the Governor's proposed FY 22-23 budget for the Department of Social Services. We are encouraged by Governor Lamont's investment in mental health and addiction services, yet, as overdose rates continue to rise around the country, further commitment to behavioral health services is critical to saving lives.

We encourage Connecticut's Medicaid program to cover the Collaborative Care Model, an evidence-based model for behavioral health care delivery, to enhance the state's investments in mental health and addiction care.

The Collaborative Care Model is a well-studied treatment model for the primary care setting that has shown in more than 70 randomized controlled trials to improve outcomes, be cost-effective, and ameliorate racial and other disparities in health outcomes. CMS created Medicaid codes for the model in 2016, and to date, 20 states and many private payers cover the model. It is an effective, scalable way to treat addiction and mental health in the primary care setting.

It is estimated that 50 percent of individuals with a mental health disorder have a comorbid substance use disorder. The SUMMIT Randomized Clinical Trial found that collaborative care for opioid and alcohol use disorder increased both the proportion of patients receiving evidence-based treatment and the number achieving abstinence at six months. Abstinence improved 47% over the control¹.

In addition to the health benefits of collaborative care, the model is one of the very few interventions in medicine that have been shown to reduce disparities by race/ethnicity and/or socioeconomic status in

¹ <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2652574>



patients' access to care, quality of care, and outcomes. Furthermore, as healthcare workforce challenges worsen due to the pandemic, the Collaborative Care Model leverages primary care, case management, and psychiatric professionals to maximize the existing workforce to address patient needs.

Around the country, Medicaid enrollees with behavioral health conditions, including substance use disorders, account for approximately 20 percent of enrollees, but over half of Medicaid spending. Several studies have demonstrated that the Collaborative Care Model is cost-effective. Findings from the IMPACT study observed that the model was associated with substantially lower total health care costs compared to typical care – an ROI of \$6.50 for every \$1 invested².

Shatterproof encourages Connecticut's Husky Health to cover the Collaborative Care Model codes to help address the addiction crisis in Connecticut and enhance the state's commitment to behavioral health investments.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristen Pendergrass".

Kristen Pendergrass
Vice President, State Policy
Shatterproof

² <https://www.ajmc.com/view/feb08-2835p095-100>